

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 161  
Registered No. 40

## 1. PLACE OF BIRTH

County Yuma State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

## 2. Full name of child

Baby Cornejo

If child is not yet named, make supplemental report, as directed

3. Sex Female 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature Yes 7. Legitimate Yes 8. Date of birth May 10, 1930  
(Month, day, year)

9. Full name of FATHER Patricio Cornejo  
10. Residence (usual place of abode) Hayden  
(If nonresident, give place and State)

18. Full maiden name of MOTHER Arnulfo Garra  
19. Residence (usual place of abode) Hayden  
(If nonresident, give place and State)

11. Color or race Mexican 12. Age at last birthday 46 (Years)  
13. Birthplace (city or place) Murcia, Mexico  
(State or country)

20. Color or race Mexican 21. Age at last birthday 46 (Years)  
22. Birthplace (city or place) Murcia, Mexico  
(State or country)

OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work 5-10, 1930

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work 5-10, 1930

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months or weeks 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 2:00 a.m. on the date above stated  
(Born alive, stillborn, or dead)  
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
(Signed) Charles H. Harts, M.D.  
or \_\_\_\_\_, Midwife  
Address Hayden  
Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
Registrar. Filed May 14, 1930 W. J. Jack Registrar.

036-510-181